The Program will reimburse the cost for reserving beds for recipients in skilled and intermediate care facilities at the appropriate rate, less recipient's available resource, for: 1) therapeutic home visits for a period not to exceed a total of 18 days during any calendar year; 2) hospitalization for an acute condition for a maximum of 15 days per single hospital stay.

## A. Therapeutic Home Visits

Therapeutic home visits must be provided for in the patient's plan of care and the attending physician must complete an authorization form not more than 30 days prior to the patient's anticipated leave of absence.

### B. Leave for Hospitalization

Reimbursement for reserving beds for hospitalization is subject to the following:

- The hospital leave is reasonably expected to be 15 days or less;
- The Utilization Control Agent certifies that any days spent in the hospital are medically necessary;
- 3. The provider guarantees that the recipient's bed will be available upon return from the hospital stay if the recipient is discharged from the hospital within 16 days:
- 4. The provider submits a hospital leave form designated by the Department with the invoice covering the month in which the hospital discharge occurred;
- 5. No payment is made for days after the date of death if the recipient dies during the hospital stay.

20 inno 1-1-83





### OFFICE OF THE SECRETARY

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

201 WEST PRESTON STREET . BALTIMORE, MARYLAND 21201

Harry Hughes, Governor

Adele Wilzack, R.N., M.S., Secretary

December 27, 1984

Mr. Everett Bryant Regional Administrator Division of Program Operations Health Care Financing Administration P.O. Box 7760, 3535 Market Street Philadelphia, Pennsylvania 19101

Dear Mr. Bryant:

Interim State Medicaid Manual Instructions 84-1 (Section 6007) provided specific instructions to each state concerning requirements of Public Law 98-369 (The Deficit Reduction Act of 1984). This letter includes the assurances which must be submitted by December 31, 1984.

## Skilled Nursing Facilities/Intermediate Care Facilities

The methodology for reimbursing skilled nursing facilities and intermediate care facilities under the Maryland Medical Assistance Program is specified in Attachment 4.19(d) of the State Plan. A method other than the Medicare methodology is used for determining allowable capital-related payments.

Capital-related payments under the Maryland methodology are based on the current replacement value of the facility. Because replacement cost and not market value is used as the basis for capital-related payments, the value of the facility, for reimbursement purposes, does not change when sold. Therefore, capital-related payments will not change solely because of a change in ownership.

Maryland therefore submits this assurance and can demonstrate that the payment methodology used for payment of skilled nursing facilities and intermediate care facilities under Medical Assistance beginning January I, 1983, can reasonably be expected not to increase payments solely as a result of change of ownership in excess of the increase which would result from applying 1861(v)(1)(O) of the Act, as applied to owners of record on July 18, 1984.

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TTY for the Deaf: Baltimore Area D.C. Metro Area

383-7555 565-0451

## **Hospitals**

A. Hospitals Not Participating in the Medicare Experiment.

For these hospitals, the State Plan cites the Medicare principles for determining reimbursement, including allowable capital-related cost. For these hospitals, Maryland will continue with the Medicare methodology and makes the assurance that it will not exceed the Medicare Statute A 1861(v)(1)(0).

B. Hospitals Participating in the Medicare Experiment.

As the Medicare Experiment is a waiver of Medicare reimbursement principles, my staff has been advised by the Central Office that no assurances are required.

I trust that the information presented meets the requirements specified in Section 6007 of the State Medicaid Manual. If you have any questions or need any additional information, please call Mr. Douglas H. Morgan, Assistant Secretary for Medical Care Programs, at (301)383-6327.

Sincerely

Avdele Wilzi

Secretary

AW:lcd



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